Durham

Center of Excellence

Director: Eugene Z. Oddone, MD, MHSc

Executive Summary for Fiscal Year 2008

The Center for Health Services Research in Primary Care is located in Durham, North Carolina, at the Durham Veterans Affairs Medical Center (VAMC). The Center's objective is to develop strategies that enhance the delivery, quality, and cost-efficiency of primary care among veterans. These objectives are strategically pursued through support of research investigators, funded research, and teaching programs. The Center maintains close organizational ties with the Durham VAMC primarily through Ambulatory Care, Medicine Service, and Mental Health Service. We also maintain academic affiliations for teaching and research collaborations with Duke University and the University of North Carolina at Chapel Hill (UNC-CH). The Center began research activities in October 1982. We currently support 168 full- and part-time staff, comprised of M.D. (14) and Ph.D. (15) core researchers. The Ph.D. staff provide expertise in biostatistics, epidemiology, health policy, health services, psychology, and sociology. Physician research associates provide expertise in substantive areas such as primary prevention, medical decision making, and translating evidence-based guidelines into practice, as well as provide research links to clinical disciplines, such as: general internal medicine, geriatrics, infectious disease, gastroenterology, psychiatry, and rehabilitative medicine. Eugene Oddone, M.D, M.H.Sc was named Center Principal Investigator on July 1, 1997. Hayden Bosworth, Ph.D., was named the Co-Principal Investigator of the Center on May 1, 2002.

Within the broad area of Primary Care we have specialized in five main areas of research: (1) understanding critical aspects of primary care, especially access, screening for disease, patient-provider communication, generalist-specialist interactions, and practice improvement; (2) defining and improving quality of care for patients with chronic diseases that are prevalent in primary care settings; (3) understanding and shaping patient-physician interactions; (4) understanding the influence of race/ethnicity and cultural factors on access, quality, and patient outcomes (e.g., clinical, patient-centered, health care utilization, costs); (5) evaluating new technology to enhance access to, and quality of, care (e.g., telemedicine). To support our research and training goals, we aligned our faculty and staff into functional groups (Cores) that provide scientific and operational support as follows: (1) Administrative Core provides broad support and human resource function for faculty and staff; (2) Biostatistics Core oversees all grant design and development; data analysis, storage, and access; and project management; (3) Intervention Core provides multidisciplinary expertise to design, implement, and evaluate strategies that are feasible and pragmatic; (4) Information Technology (IT) Core provides infrastructure support for all aspects of our data acquisition and storage (including network function). This Core also helps design and test IT solutions that become central components of our interventions (e.g., telemedicine connections, software for patient-self management interventions); (5) Educational Core provides leadership and mentoring for our fellowship, career development and didactic training portions of our mission; (6) Implementation and Dissemination Core provides support for all aspects on dissemination of research products and provides infrastructure for focused implementation of interventions discovered to be effective.